

BURLINGTON ENVIRONMENTAL INC./RESOURCE RECOVERY CORP.

1011 Western Ave., Suite 700 • Seattle, WA 98104
Burlington (206) 223-0500

Resource Recovery (206) 625-8631

Please print or type
(Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2050-0039 Expires 9-30-94

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. WAD-980-738-546 | Manifest Document No. 11263 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. | |
|--|--|---|--------------------------------|---|---|--|
| 3. Generator's Name and Mailing Address ALASKAN COPPER WORKS PO BOX 3546 SEATTLE, WA 98134-0000 4. Generator's Phone (206) 623-5800 | | | | A. State Manifest Document Number | | |
| 5. Transporter 1 Company Name RESOURCE RECOVERY | | | | B. State Generator's ID | | |
| 6. US EPA ID Number WAD-061-672-812 | | | | C. State Transporter's ID | | |
| 7. Transporter 2 Company Name | | | | D. Transporter's Phone 206-625-8631 | | |
| 8. US EPA ID Number | | | | E. State Transporter's ID | | |
| 9. Designated Facility Name and Site Address BURLINGTON ENVIRONMENTAL - KNT 20245 77TH AVE SOUTH KENT, WA 98032 | | | | F. Transporter's Phone | | |
| 10. US EPA ID Number WAD-991-281-767 | | | | G. State Facility's ID | | |
| H. Facility's Phone 206-872-8030 | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | 13. Total Quantity | 14. Unit Wt/Vol | 1. Waste No. | |
| a. <input checked="" type="checkbox"/> MATERIAL NOT REGULATED BY D.O.T., (PROFILE# 53922-01) | | 18 DM | 900 | G | | |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |
| J. Additional Descriptions for Materials Listed Above | | | | K. Handling Codes for Wastes Listed Above | | |
| 15. Special Handling Instructions and Additional Information P.O. #36417 GENERATOR'S EMERGENCY TELEPHONE NUMBER: 206-623-5800 | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | |
| Printed/Typed Name GREGORY Thompson | | | | Signature [Signature] Month Day Year 10/26/94 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | |
| Printed/Typed Name LAWRENCE V. PROZ | | | | Signature [Signature] Month Day Year 10/26/94 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | | |
| Printed/Typed Name | | | | Signature [Signature] Month Day Year | | |
| 19. Discrepancy Indication Space | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | |
| Printed/Typed Name Staci Burke | | | | Signature [Signature] Month Day Year 10/26/94 | | |



**RESOURCE RECOVERY CORP.
A BURLINGTON ENVIRONMENTAL COMPANY**

SEATTLE PHONE
(206) 625-8630

1629 E. ALEXANDER AVE.
TACOMA, WA 98421

TACOMA PHONE
(206) 383-3044

BILL OF LADING

ORIGIN SEATTLE IND. DATE 7-26- 19 94

SHIPPER ALASKAN COPPER

CONSIGNEE B.E.I.-S

DESTINATION KENT IND.

SHIPPERS NO.

ORDER NO.

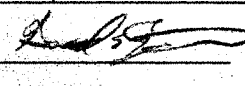
11263

414717

IN THE ABSENCE OF A BILL OF LADING SUPPLIED BY THE SHIPPER, THIS TRUCK LOADING ORDER WILL BECOME A LEGAL BILL OF LADING. TRANSPORTATION SUBJECT TO PUC REGULATIONS.

FOR OFFICE USE ONLY

| QUANTITY | DOT PROPER SHIPPING NAME | HAZARD CLASS | HAZ. MATERIAL I.D. NUMBER | WEIGHT | RATE | FREIGHT |
|---------------|--------------------------|--------------|---------------------------|--------|------|---------|
| <u>18-079</u> | <u>LOADED AS PER</u> | | | | | |
| | <u>MANIFEST 11263</u> | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

GROSS _____ SHIPPER Alaskan Copper 

TARE _____ CONSIGNEE _____

NET _____ TRANSPORTED BY Theresa W. Drey

PUC REGULATIONS REQUIRE PAYMENT OF THIS BILL IN SEVEN DAYS.

PLEASE PAY
THIS AMOUNT



ORIGINAL FREIGHT BILL

BURLINGTON ENVIRONMENTAL INC./RESOURCE RECOVERY CORP.

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 (206) 223-0500 Resource Recovery (206) 623-5800

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
WAD-980-738-546

Manifest Document No.
11263

2. Page
1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

**ALASKAN COPPER WORKS
 PO BOX 3546 SEATTLE, WA 98134-0000**

4. Generator's Phone (206) 623-5800

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RESOURCE RECOVERY

6. US EPA ID Number

WAD-061-672-812

7. Transporter 2 Company Name

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9. Designated Facility Name and Site Address

**BURLINGTON ENVIRONMENTAL - KNT
 20245 77TH AVE SOUTH
 KENT, WA 98032**

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WAD-991-281-767

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone 206-625-8631

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 206-872-8030

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. X MATERIAL NOT REGULATED BY D.O.T., (PROFILES 53922-01)

12. Containers

No. **8**

Type **DM**

13. Total Quantity

400

14. Unit

G

I. Waste No.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

AKC-0018283